

MedPoints Redemption Request

CARDHOLDER INFORMATION

Cardholder Name _____ Tel / Mobile ____/____

Card Number

					X	X	X	X	X	X	X						
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I would like to redeem all or part of my accumulated points for the following gift(s):

Selected Option	Gift Points	Gift Name	Quantity
<input type="checkbox"/>	250 MedPoints	10 Credits	
<input type="checkbox"/>	500 MedPoints	20 Credits	
<input type="checkbox"/>	1,250 MedPoints	50 Credits	
<input type="checkbox"/>	2,500 MedPoints	100 Credits	

Please send this form to your Bankmed Branch: Branch Name

I hereby declare that I have read and approved without any reservations or omissions MedPoints Terms & Conditions

Customer Signature: _____ Date:

d	d	m	m	y	y
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FOR BANK USE ONLY

Bank stamp and signature(s) verification

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